

Case Number:	CM13-0070035		
Date Assigned:	01/03/2014	Date of Injury:	06/09/2011
Decision Date:	04/07/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropractic and Acupuncture, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 30 year old female who reported neck, right shoulder and back pain from a work-related injury sustained on 6/9/11 due to repetitive motions and tasks as an administrative assistant. X-rays of the thoracic spine were unremarkable. X-rays of the right shoulder revealed no hypertrophy of acromioclavicular joint. Pelvic ultrasound was unremarkable. The patient was diagnosed with neck sprain/strain, thoracic sprain/strain, right periscapular strain, and right shoulder bursitis. The patient was treated with medication and physical therapy. The patient was re-evaluated to determine if care has been beneficial and/or if further treatment is necessary. Per notes dated 8/2/13, she complains of burning sensation and pinching pain in her right shoulder with pain radiating down her right hand and finger. The patient hasn't had any long term symptomatic or functional relief with chiropractic care. The patient continues to have shooting back pain with constant pressure. Per notes dated 10/11/13, the patient presents with persistent right shoulder pain, right arm, back, and right rib pain; she is attending acupuncture which she reports is beneficial. The patient may return to full duty; no medications were prescribed. The patient reported functional improvement and symptomatic improvement with prior acupuncture care.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ACUPUNCTURE TREATMENT TWO TIMES A WEEK FOR FOUR WEEKS TO THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Medical treatment Guidelines, acupuncture is used as an option when pain medication is reduced and not tolerated. It may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The time to produce function improvement is 3-6 treatments, but treatments may be extended if functional improvement is documented. The patient has had prior acupuncture treatment and reported both functional and symptomatic improvement with prior acupuncture care. However, since there is no documented objective functional improvement, and since the requested treatment exceeds guideline recommendations, the request is noncertified.